

Atty Docket No: 46354.010200

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

KEECH, Winston Donald

Group Art Unit: 2135

Serial No.: 09/663,281

Examiner: SON, Linh L. D.

Filed: September 15, 2000

For: Embedded Synchronous Random Disposable Code Identification Method and System

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MAY 09 2005**AMENDMENT TRANSMITTAL**Total Pages: 13MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450I hereby certify that this correspondence is being transmitted
via facsimile transmission to the United States Patent and
Trademark Office at (703) 872-9306 on May 9, 2005by Paul R. Mahan
Paul R. Mahan

Sir:

1. Transmitted herewith is a Response Under 37 C.F.R. §1.111 in response to the outstanding non-final Office Action mailed on February 9, 2005, in the above-referenced application.

2. Additional papers enclosed:

- ☐ Drawings: ☐ Formal (Corrections) ☐ Informal
- ☐ Supplemental Information Disclosure Statement (PTO Form 1449)
- ☐ Submission of "Sequence Listing." Computer readable copy and/or amendment pertaining thereto for biotechnology invention containing nucleotide and/or amino acid sequence.
- ☐ Change Of Correspondence Address

3. EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136(a) apply.

- ☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition and fee for extension of time.
- ☐ Applicant petitions for an extension of time, the fees for which are set out in 37 C.F.R. § 1.17(a)-(d), for the total number of months checked below:

Attorney's Docket No. 46354.010200

Application Serial No. 09/663,281

Reply to Non-Final Office Action of February 9, 2005

Total Months Requested	Fee for Extension	Fee for Small Entity
<input type="checkbox"/> one month	\$120.00	\$ 60.00
<input type="checkbox"/> two months	\$450.00	\$225.00
<input type="checkbox"/> three months	\$1,020.00	\$510.00
<input type="checkbox"/> four months	\$1,590.00	\$795.00

☐ Extension of time fee due with this request: \$- 0 -

☒ If an extension of time is required, please consider this a Petition therefor.

☐ An extension for ___ months has already been secured and the fee paid therefor of \$___ is deducted from the total fee due for the total months of extension now requested.

4. Fee Calculation

CLAIMS AS EXTENDED						
	Claims Remaining After Amendment		Highest No. Previously Paid	Present Extra	AT Rate Of	Total Fees
Total Claims	23	Minus	20	0	x \$50.00 each =	+\$ 00.00
Independent Claims	4	Minus	4	0	x \$200.00 each =	+\$ 00.00
First presentation of multiple dependent claim(s)					\$ 360.00	+\$ 00.00
SUB-TOTAL =						\$ 00.00
TOTAL FEE =						\$ 00.00

5. Fee Payment

- ☐ No Fee is to be paid at this time.
- ☐ A check for \$00.00 to cover the extension fees is enclosed.
- ☐ The Commissioner is hereby authorized to charge Deposit Account No. 50-0653.

Attorney's Docket No. 46354.010200

Application Serial No. 09/663,281

Reply to Non-Final Office Action of February 9, 2005

☒ The Commissioner is also hereby authorized to charge any additional fees associated with this paper, or credit any overpayment to Deposit Account No. 50-0653.

Respectfully submitted,

Date: May 9, 2005

By: 

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